



Reset Form

Print Form

## Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	82-0618045	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Committee to Re-elect Thomas Carney							
Street Address	4213 DOMINION DR.							
City	ERIE	State	PA	Zip Code	16510			

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Year		Amendment Report	<input type="checkbox"/>	Termination Report	<input checked="" type="checkbox"/>	

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only 2017 DEC -7 PM 2:20 ERIE COUNTY VOTER REGISTRATION DH
A. Amount Brought Forward From Last Report	10/23/17	11/30/17	
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ 2,229.10	
C. Total Funds Available (Sum of Lines A and B)		\$ 1350.00	
D. Total Expenditures (From Schedule III)		\$ 4,187.70	
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 0	
F. Value of In-Kind Contributions Received (From Schedule II)		\$ 600.00	
G. Unpaid Debts and Obligations (From Schedule IV)		\$	

## Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

7<sup>th</sup> day of Dec. 20 17

Lana R. Wright

Signature

Barbara Nitkiewicz

Signature of Person Submitting report

BARBARA NITKIEWICZ

Printed Name

My Commission expires

NOTARIAL SEAL

LANA R. WRIGHT, NOTARY PUBLIC

ERIE, ERIE COUNTY, PENNA.

MY COMMISSION EXPIRES ON MARCH 19, 2018

814

Area Code

459-7335

Daytime Telephone Number

Part II- If this is a report of a candidate, the candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

7<sup>th</sup> day of Dec. 20 17

Lana R. Wright

Signature

Thomas Carney

Signature of Candidate

THOMAS CARNEY

Printed Name

My Commission expires

NOTARIAL SEAL

LANA R. WRIGHT, NOTARY PUBLIC

ERIE, ERIE COUNTY, PENNA.

MY COMMISSION EXPIRES ON MARCH 19, 2018

814

Area Code

572-8404

Daytime Telephone Number

## PART A

## Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees  
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number							Amount	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
Committee to Elect John Tretter						10/30/17	\$	100.00
House #	Street Address		Date [MM/DD/YYYY]		\$			
451	W. 9th St.				\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
Erie	PA	16509			\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
							\$	
House #	Street Address		Date [MM/DD/YYYY]		\$			
					\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
					\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
							\$	
House #	Street Address		Date [MM/DD/YYYY]		\$			
					\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
					\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
							\$	
House #	Street Address		Date [MM/DD/YYYY]		\$			
					\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
					\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
							\$	
House #	Street Address		Date [MM/DD/YYYY]		\$			
					\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
					\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
							\$	
House #	Street Address		Date [MM/DD/YYYY]		\$			
					\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
					\$			

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>	82-0618045		
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>			
Total for the reporting period		(1)	\$
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	
Total for the reporting period		(2)	\$
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
Total for the reporting period		(3)	\$
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
Total for the reporting period		(4)	\$
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	

## PART B

## All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from  
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:									
Full Name of Contributor		FRANK ANDRIOTI				Date [MM/DD/YYYY]	\$	5100.00	
House #	3028	Street Address		West 6th St		Date [MM/DD/YYYY]	\$		
City	ERIE	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	\$		
Full Name of Contributor		Richard & Claudia Fillippi				Date [MM/DD/YYYY]	\$	100.00	
House #	519	Street Address		West 9th St.		Date [MM/DD/YYYY]	\$		
City	ERIE	State	PA	Zip Code	16502	Date [MM/DD/YYYY]	\$		
Full Name of Contributor		Anthony & Daniela Andrezeski				Date [MM/DD/YYYY]	\$	250.00	
House #	3102	Street Address		Wellington RD.		Date [MM/DD/YYYY]	\$		
City	ERIE	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	\$		
Full Name of Contributor		Guy + Mary Michali				Date [MM/DD/YYYY]	\$	100.00	
House #	8375	Street Address		Morehouse RD		Date [MM/DD/YYYY]	\$		
City	ERIE	State	PA	Zip Code	16509	Date [MM/DD/YYYY]	\$		
Full Name of Contributor		SUMNER E. NICHOLS II				Date [MM/DD/YYYY]	\$	100.00	
House #	407	Street Address		Mohawk DR.		Date [MM/DD/YYYY]	\$		
City	ERIE	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	\$		
Full Name of Contributor		Richard & Karen Hollingsworth				Date [MM/DD/YYYY]	\$	100.00	
House #	434	Street Address		West 31st		Date [MM/DD/YYYY]	\$		
City	ERIE	State	PA	Zip Code	16508	Date [MM/DD/YYYY]	\$		

## PART B

## All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from  
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:		82-0618045					
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Full Name of Contributor:				Date [MM/DD/YYYY]		\$	
IRON WORKERS ACTION LEAGUE				11-4-17		\$	8250 <sup>00</sup>
House #	Street Address			Date [MM/DD/YYYY]		\$	
1750						\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
WASHINGTON, D.C.		20006				\$	
Full Name of Contributor:				Date [MM/DD/YYYY]		\$	
IRON WORKERS LOCAL # 3						\$	8250 <sup>00</sup>
House #	Street Address			Date [MM/DD/YYYY]		\$	
2201	LIBERTY AVENUE					\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
PITTSBURGH	PA	15222				\$	
Full Name of Contributor:				Date [MM/DD/YYYY]		\$	
						\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
						\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
						\$	
Full Name of Contributor:				Date [MM/DD/YYYY]		\$	
						\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
						\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
						\$	
Full Name of Contributor:				Date [MM/DD/YYYY]		\$	
						\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
						\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
						\$	
Full Name of Contributor:				Date [MM/DD/YYYY]		\$	
						\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
						\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
						\$	



PART C

## Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees  
with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:	
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Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		\$	

PART D  
**All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	
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Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							

## PART E

**Other Receipts**

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:									
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Full Name									
House #	Street Address								
City		State		Zip Code		Date [MM/DD/YYYY]	\$		
Receipt Description									

  

Full Name									
House #	Street Address								
City		State		Zip Code		Date [MM/DD/YYYY]	\$		
Receipt Description									

  

Full Name									
House #	Street Address								
City		State		Zip Code		Date [MM/DD/YYYY]	\$		
Receipt Description									

  

Full Name									
House #	Street Address								
City		State		Zip Code		Date [MM/DD/YYYY]	\$		
Receipt Description									

  

Full Name									
House #	Street Address								
City		State		Zip Code		Date [MM/DD/YYYY]	\$		
Receipt Description									

  

Full Name									
House #	Street Address								
City		State		Zip Code		Date [MM/DD/YYYY]	\$		
Receipt Description									



SCHEDULE II

# IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD  
DETAILED SUMMARY PAGE

Filer Identification Number:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the reporting period	(1)	\$	

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the reporting period	(2)	\$	

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the reporting period	(3)	\$	

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$	
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SCHEDULE II  
PART F  
**In-Kind Contributions Received**  
VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution						
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution						
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution						
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution						

SCHEDULE II  
Part G  
**In-Kind Contributions Received**  
VALUE OVER \$250

Filer Identification Number:	82-0618045
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Full Name of Contributor					Date [MM/DD/YYYY]		\$
RONALD Filippi Metropolitan Club					10/28/17		\$ 600.00
House #	Street Address		Date [MM/DD/YYYY]		\$		
144	West 13th St						
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Erie	PA	16501					
Employer Name			Occupation				
Employer Mailing Address / Principal Place of Business			Description of Contribution			DONATION - USE of Building	
Full Name of Contributor					Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$		
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Employer Name			Occupation				
Employer Mailing Address / Principal Place of Business			Description of Contribution				
Full Name of Contributor					Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$		
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Employer Name			Occupation				
Employer Mailing Address / Principal Place of Business			Description of Contribution				
Full Name of Contributor					Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$		
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Employer Name			Occupation				
Employer Mailing Address / Principal Place of Business			Description of Contribution				

SCHEDULE III  
Statement of Expenditures

Filer Identification Number:	82-0618045
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To Whom Paid	ERIE TIMES News				Date [MM/DD/YYYY]	\$	2,773 <sup>00</sup>
House #	26	Street Address	West 12 <sup>th</sup> St		Description of Expenditure		
City	ERIE	State	PA	Zip Code			
Campaign Advertisement							
To Whom Paid	BRUCES Pub				Date [MM/DD/YYYY]	\$	741 <sup>00</sup>
House #	1002	Street Address	West 8 <sup>th</sup> St		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16502 Election Night Headquarters		
To Whom Paid	BROSCEAK Printing				Date [MM/DD/YYYY]	\$	43.70
House #	1919	Street Address	Peach St		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16502 Fundraiser tickets		
To Whom Paid	BROSCEAK Printing				Date [MM/DD/YYYY]	\$	630 <sup>00</sup>
House #	1919	Street Address	Peach St		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16502		
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

SCHEDULE IV

## Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number: \_\_\_\_\_

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						



12/01/17

ERIE COUNTY ELECTION BOARD,

IN AN EFFORT TO GET MY CAMPAIGN OFF  
AND RUNNING, THIS SPRING, I LOANED MY  
COMMITTEE TO RE-ELECT THOMAS T.C. CARNEY,  
\$ 2,000.00

NOW THAT THE CAMPAIGN IS OVER, THE \$2,000.00  
IS UNPAID. HOWEVER, IN AN ATTEMPT TO  
TERMINATION MY COMMITTEE THE BALANCE OF  
-\$0- IS REQUIRED.

SINCE I AM VERY PERSONALLY SATISFIED WITH  
THE ELECTION OUTCOME, I WISH TO 'FORGIVE'  
THE \$2,000.00 AS TO BE TOTALLY COMPLIANT.

THANKS FOR ALL YOUR HELP DURING THIS  
PAST YEAR AS I AM MUCH PLEASED WITH  
ALL INVOLVED,

Sincerely yours,

Thomas Carney  
MAGISTERIAL DISTRICT JUDGE (06-1-03)

